

WRITTEN STATEMENT:

Testimony and Statement for the Record for

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**Specialist in Internal Medicine, Pulmonary Medicine, Critical Care Medicine and
Master in Public Health**

Supporting the formation of Asian Pacific American Commission

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Honorable Co-Chairperson Harp, and Co-Chairperson Walker, Vice Chairpersons Hartley, Flexer, Miller and O'Brien, Ranking Members Kane and Minor and honorable members of the Appropriations Committee, thank you for allowing me to testify and show my SUPPORT of The ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION.

My name is Saud Anwar and I am a resident of the town of South Windsor. I am a physician in the community with specialization in Internal Medicine, Pulmonary Medicine and Critical Care Medicine and have a Masters in Public Health. My scope of practice and ability to manage critically ill individuals, as well as, the public health training allows me to look at the diseases from the bedside to the public health policy level. I have been serving in Connecticut for the past 15 years. I am a Commissioner of the Asian Pacific American Affairs Commission and also serving as elected official as Town Council Member for the Town of South Windsor.

Some of the patterns of illnesses that I will share with you have not only been observed by me in clinical practice but have also been studied, reported and published in peer-reviewed journals and are now well documented part of literature.

I remember managing a young gentleman in his late thirties with some shortness of breath and some chest discomfort, who was admitted to the intensive care unit about 10 years ago. It was concerning to see a young person with not many cardiac risk factors except being a male having mildly elevated cholesterol with no hypertension, having significant heart disease, which had resulted in him requiring critical care management. On developing interest to learn more about this, and further reviewing the situation and looking at the literature, it became clearer that being a South Asian alone is a risk factor for an individual to develop heart disease. Asian Indians and Asian Pakistanis have an unusually high rate of coronary artery disease. Multiple studies confirm that South Asian men have significantly higher coronary disease mortality than other counterparts, while indicating that neither conventional risk factors, nor insulin resistance parameters or metabolic syndrome criteria as currently defined can account for this excess risk.

When I noticed that we were seeing a disproportionate number of Chinese Americans with Lung cancer, I studied this further to find out that Chinese American community members have the highest mortality rates for lung and bronchial cancer among all Asian subgroups. Lung cancer rates among Southeast Asians are 18% higher than among White Americans. The average number of cigarettes smoked per day by Chinese American men increases with the time they live in the U.S. In fact, research suggests that they may even have higher smoking rates than African American adults.

Cancer has been the number one killer of Asian-American women since 1980. Among Asian Americans, colorectal cancer is the second most common diagnosed cancer, and it is the third highest cause of cancer-related mortality. The Asian Americans are less likely to have preventive screening for colon cancers.

The timing restricts me speak more about this but there are significant differences in disparities also seen with breast cancer, uterine cancer, prostate, liver and cervical cancer. Infectious diseases which should not only be a concern to the Asian Pacific Americans but all American s including tuberculosis and Hepatitis B are much higher in this group.

This should give you a very small glimpse into some of healthcare issues that impact the Asian Pacific American Communities with respect to diseases, education regarding prevention and management of the diseases, and access to care. The realistic situation on ground makes a strong argument that there is an emergent need to have a mechanism in place to help better prevent, identify and manage these diseases and healthcare disparities. I thank our legislators for having creating this Commission. As the economic challenges have become serious, it is not wise to reduce support to this Commission. The small amount of budget that we have for the Asian Pacific American Affairs Commission is actually a minimal investment in prevention of health care and multiple other challenges that the State ends up paying for. This commission has been playing an enormous and meaningful role in reducing risks and increasing education and outreach towards the various communities.

Reducing support of the Commission or combining this with other Commissions is a shortsighted approach which will not be beneficial to the communities, in specific, the larger CT community in general and will end up having a much more significant negative impact on the State of CT expense on the health care costs of the Asian Pacific American Community and beyond.

Thank you for your consideration of my testimony. I can be contacted for any further comments at 860 875 2444 or email: Saud.Anwar@GMail.Com.